



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400002

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SNOWBOUND CLUB INC.

DOING BUSINESS AS SNOWBOUND

ADDRESS 130 OLD BALDWINVILLE RD

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: BRAUN, ELLEN L. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO LEVEL BUILDING WITH NORTH AND SOUTH EXITS AND EASTERLY EXITS AND EASTERLY EXIT ON TOP FLOOR. THREE ROOMS, TWO ROOMS UPSTAIRS AND ONE IN BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400004

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARIA BEZAS

DOING BUSINESS AS CHRISTO'S PLACE

ADDRESS 51 CENTRAL STREET

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: BEZAS, MARIA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR ON GROUND FLOOR. ENTRANCE FROM CENTRAL ST EXIT TO CHESTNUT ST

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400005

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EMILY KALIVOTIS

DOING BUSINESS AS C & S PIZZA

ADDRESS 188 CENTRAL STREET

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: KALIVOTIS,
EMILY

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURNAT ON FIRST FLOOR WITH FRONT ENTRANCE/EXIT DOOR, ONE REAR EXIT DOOR, KITCHEN AREA, STORAGE AREA AND COSTOMER SEATING AREA.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400014

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHICK'S TAVERN, INC.

DOING BUSINESS AS CHICK'S TAVERN

ADDRESS 196 PLEASANT STREET

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: KENDALL,
CYNTHIA J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 2400 SQ. FT. OF AN EXISTING COMMERCIAL BUILDING AT PLEASANT AND RAILROAD STREETS. ONE DOUBLE DOOR, TWO SINGLE DOORS AS ENTRANCES/EXITS. OFFICE, TWO REST ROOMS, STORAGE AREA. ONE STORY BUILDING.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400015

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TOY TOWN PUB, INC.

DOING BUSINESS AS TOY TOWN PUB

ADDRESS 28 RAILROAD ST.

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: LABONTE, SUSAN TYPE OF LICENSE: Restaurant
M.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS ON GROUND FLOOR. ENTRANCE ON RAILROAD ST. EXIT ON PLEasant ST

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400016

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AM.LEGION EUGENE CONNOR POST #193 INC. THE
DOING BUSINESS A

ADDRESS 295 SCHOOL ST.

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: MURPHY,
MARILYN E.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BASEMENT AND FIRST FLOOR. FOUR EXITS ON FIRST FLOOR. THREE EXITS IN
BASEMENT. THREE BARS, ONE EACH IN BASEMENT, FIRST FLOOR AND PAVILLION

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400020

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: S.K. RAJ

DOING BUSINESS A WILLIAM'S PACKAGE STORE

ADDRESS 50 SPRING ST

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: PATEL, BHAGWAI TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO LEVEL BUILDING; 34 X 70; LOWER LEVEL, REDEMPTION CENTER, STORAGE; UPPER LEVEL, SALES, OFFICE AND STORAGE

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3. the premises are now open for business (If not explain below)

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400022

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ONE STOP PLAZA CONVENIENCE, INC.

DOING BUSINESS AS

ADDRESS 006-16 MAIN STREET

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: DUVAL, SAWYER, TYPE OF LICENSE: Package Store
E. IRENE

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONVENIENCE STORE LOCATED IN SHOPPING PLAZA. ONE FLOOR; FRONT AND BACK
DOOR; 1800 SQ FT

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400023

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SWIYA LIQUORS INC.

DOING BUSINESS AS THE LIQUOR STORE

ADDRESS 674 SPRING ST

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: PATEL,

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

HITENDRA R.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. MAIN SELLING ROOM. TWO ROOMS FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400024

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VASTA, INC.

DOING BUSINESS AS KWIK STOP LIQUORS

ADDRESS 018-20 RAILROAD ST

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: HALKIADAKIS, AN TYPE OF LICENSE: Package Store
ASTASIA

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO ENTRANCES, TWO EXITS, PLUS CELLAR FOR STORAGE OF STOCK AND EQUIPMENT

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400031

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LITTLE ANTHONY'S SEAFOOD EMPORIUM, INC

DOING BUSINESS AS

ADDRESS 678 SPRING ST

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: LAGRASSA,
MARLA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

36X40 BUILDING, 16X20 ADDITION; ONE ENTRANCE, ONE EMERGENCY EXIT, ONE REAR
ENTRANCE AND EXIT

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400036

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CENTRAL SUPERMARKER IGA, INC.

DOING BUSINESS AS CENTRAL SUPERMARKET

ADDRESS 49 CENTRAL STREET

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: SZELEST, MARIA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

10,000 SQ FT BUILDING; ONE FLOOR, ONE ENTRANCE AND EXIT FROM PARKING LOT
ADJACENT TO THE BUILDING

I hereby certify and swear under penalties of perjury that:

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LOCAL LICENSING AUTHORITY

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400039

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TAMLIN CORPORATION

DOING BUSINESS AS CARRIAGE HOUSE RESTAURANT

ADDRESS 660 SPRING STREET

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: LAFRENIERE,
DUANE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS STREET LEVEL CONSISTING OF CLUB ROOM AND GAME ROOM; SECOND
LEVEL CONSISTS OF MEETING HALL

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400040

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHAU LIE THAI

DOING BUSINESS AS LUCKY DRAGON

ADDRESS 222 BALDWINVILLE STATE ROAD

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: THAI, CHAU LIE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3,260M SQUARE FOOT SINGLE STORY BRICK BUILDING: KITCHEN, LOUNGE AND DINING ROOM: NO BASEMENT.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400046

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: The Glen Caffé', Inc

DOING BUSINESS AS

ADDRESS 63 Glenallen St

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: Morin, Sally-Jo

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

First floor commercial and residential building with approx 2583 sq ft, 5 entrances and exits, 2 in front and 3 in rear

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400048

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VinLozano Imports, Inc

DOING BUSINESS A Event Wines

ADDRESS 2 Juniper St

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: Graff, John Andrew

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

approx 2400 sq ft of space located in the rear of the building

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400050

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HARBOUR RESTAURANT,INC

DOING BUSINESS A

ADDRESS 455 MAPLE ST

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: HAGEMEYER,MEL TYPE OF LICENSE: Restaurant
ISSA

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY 4000 SQ. FT.,2 DIDE ENTRANCES/EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400051

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RAB ENTERPRISES, INC.

DOING BUSINESS AS GABBY'S

ADDRESS 461 MAPLE ST.

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: METRY, REZK A.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1134 SQ. FT. RETAIL SPACE ENTRANCE IN FRONT 2 EMERGENCY EXIT IN BACK 2
SEATING CAPACITY 19

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400052

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ZOE'S RESTAURANT & PIZZERIA LLC

DOING BUSINESS AS

ADDRESS 6 MAIN STREET

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: ANTONIAC, TODD TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE RESTAURANT WITH A MAIN ENTRANCE AND TWO REAR FIRE DOOR EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148400053

CITY OR TOWN WINCHENDON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NOURIA ENERGY RETAIL, INC.

DOING BUSINESS AS WINCHEDON IRVING

ADDRESS 93 GARDNER ROAD

CITY/TOWN: WINCHENDON

STATE: MA

ZIP CODE: 01475

MANAGER: CALABRO JR,
KENNETH C.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE EXIT/ENTRANCE AT THE FRONT OF THE BUILDING. THE REGISTER COUNTER IS ONE THE RIGHT AND THE RESTROOMS ON THE LEFT AS YOU ENTER THE STORE. AS YOU WALK TO THE REAR OF THE BUILDING, THERE IS A DUNKIN DONUTS QSR WITH A DRIVE-THRU WINDOW ON THE LEFT. ON THE RIGHT, THERE IS A SUBEXPRESS. AT THE BANK IN THE RIGHT CORNER, THERE IS AN 11 DOOR WALK-IN COOLER WHERE BEER AND WINE WILL BE STORED.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:
